

NEVADA DRINKING WATER STATE REVOLVING FUND LOAN PRIORITY LIST PRE-APPLICATION

Refer to DWSRF Regulations (NAC 445A.6751 through 445.67644, inclusive) for further information.

1. Project Name:					
2. County in Which Project is Located:					
3. Applicant Organization:					
4. Contact Person:					
5. Company Name of Contact Person, if Different than #3 Above:					
6. Address:					
7. Phone #:			8. Fax #:		
9. Project Description <i>(Provide as much information as necessary to completely describe the project and how it will address specific public health concerns or problems. Supplementary information may be attached on 8½" x 11" paper.)</i>					
a. Facilities <i>(Check Appropriate Boxes)</i>					
	Repair	Rehab	Upgrade	Replace	Expand
Well or Spring Box					
Storage					
Distribution (includes booster pumps)					
Treatment (including disinfection)					
b. Secure a New Water Source <i>(if acquiring water rights, contact the State Water Engineer, Water Resources Division, Department of Conservation and Natural Resources, at (775) 687-4380):</i>					
Check <u>One</u> Water Source: <input type="checkbox"/> Ground <input type="checkbox"/> Surface <input type="checkbox"/> Ground Under Direct Surface Influence					
c. Source Protection <i>(if appropriate):</i>					
Check Project Type: <input type="checkbox"/> Source Water Protection Measures <input type="checkbox"/> Land Acquisition to Protect Source					
10. *****Attach a Map (8½" x 11" only) of the Service Area and the Location of the Project, if available.*****					
11. Estimated Project Costs (prepared by a professional engineer):					
Eligible Cost Category					Amount
a. Pre-Construction (includes planning and design)					_____
b. Construction (includes equipment, materials, and land)					_____
c. Administrative, Legal, and Financial					_____
Total					_____
Estimate Prepared by _____					

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11. Briefly Summarize the Project Below and/or Attach a Summary to the Application (8½" x11" only) including an Estimated Schedule for Completion of the Water Project and a Statement of Readiness to Proceed with the Project.

12. Number of Service Connections: _____ **13. Population Served:** _____

14. List any other Anticipated Sources of Funding for the Project from a State or Federal Agency or other Entity:

15. Median Household Income (MHI) for the Area that will be Served or for the County in which the Project is Located:

MHI: _____ **Source:** _____

16. Anticipated Impact of the Costs of the Project to the Rates for Existing Customers: _____

17. Provide Any Additional Information Necessary to Establish the Priority Rank for the Project (attach an 8½" x 11" sheet).

18. Describe the Source Of Funding That You Expect Will Repay the Loan: _____

19. Estimated Date Funding Required: _____

I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.

Authorized Signature: _____ **Date:** _____

Please print name and title: _____